

## YOU MUST EMAIL A SIGNED COPY OF THIS FORM TO <a href="mailto:memberships@summitropes.com">memberships@summitropes.com</a> TO COMPLETE YOUR CANCELLATION

Date:
Membership Number:
First Name:
Last Name:
The above listed membership number is the ONLY membership that will be cancelled. If you would like to cancel additional memberships, a form is required for each unique membership number. Multiple forms may be attached to the same email sent.
Summit Ropes is not able to accept cancellation requests via phone, in-person, fax, mail, or emails that do not have this signed form.
Cardholder Signature
Member Signature / Parent or Guardian if Member is Under 18